

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: LOW-PROCESSOR-LOAD AGGREGATION

Attorney Docket Number:: 210149.414

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joel
Middle Name:: D.
Family Name:: Peshkin
Name Suffix::
City of Residence:: San Juan Capistrano
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 31851 Paseo Terraza
City of mailing address:: San Juan Capistrano
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92675

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: RU
Status:: Full Capacity
Given Name:: Alexey
Middle Name:: E.
Family Name:: Pynko
Name Suffix::
City of Residence:: Irvine
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 5 Kirkland

City of mailing address:: Irvine
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92602

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AU
Status:: Full Capacity
Given Name:: Michael
Middle Name:: C.
Family Name:: Whitfield
Name Suffix::
City of Residence:: Valbonne
State or Province of Residence::
Country of Residence:: FR
Street of mailing address:: Les Hauts de Valbonne
City of mailing address:: Valbonne
State or Province of mailing address::
Country of mailing address:: FR
Postal or Zip Code of mailing address:: 06560

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

| | | |
|----------------------------------|--|-------|
| Representative Customer Number:: | | 00500 |
|----------------------------------|--|-------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|-------------------|----------------------|----------------------|
| | | | |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

| | |
|-----------------------------------------|------------------------|
| Assignee name:: | Conexant Systems, Inc. |
| Street of mailing address:: | 4311 Jamboree Road |
| City of mailing address:: | Newport Beach |
| State or Province of mailing address:: | California |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 92660 |

D:\NrPort\NiManage\LAURAS\248616_1.DOC [9/19/01]